
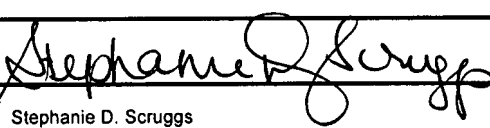


IFW\$

<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence and information)</small>	Application Number	10/667,479	
	Filing Date	September 23, 2003	
	First Named Inventor	L. BISSONNETTE	
	Art Unit	3714	
	Examiner Name	R. Hsu	
Total Number of Pages in This Submission	66	Attorney Docket Number	20002.0327

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate)  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input checked="" type="checkbox"/> Formal Drawing(s) (5 sheets) (Figures 1-4B)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Form PTO-1449; (2) copy of five references (3) Submission of Corrected Formal Drawings Under 37 C.F.R. § 1.85
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bingham McCutchen LLP		
Signature			
Printed Name	Stephanie D. Scruggs		
Date	September 4, 2007	Reg. No.	54,432

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2636)

Complete If Known

**FEE TRANSMITTAL  
for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180

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**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-4047 Deposit Account Name: Bingham McCutchen LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	_____

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>
_____ -20 or HP=	_____ x	_____ =	_____

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP=	_____ x	_____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

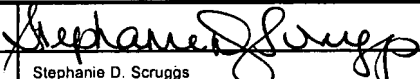
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Information Disclosure Statement

**180****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	54,432	Telephone	(202) 373-6000
Name (Print/Type)	Stephanie D. Scruggs	Date	September 4, 2007		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): L. BISSONNETTE

Attorney Docket No: 20002.0327

Application No.: 10/667,479

Group Art Unit: 3714

Filed: September 23, 2003

Examiner: R. Hsu

For: GOLF CLUB AND BALL  
PERFORMANCE MONITOR HAVING  
AN ULTRASONIC TRIGGER

**SUBMISSION OF CORRECTED FORMAL DRAWINGS UNDER 37 C.F.R. § 1.85**

Commissioner for Patents  
P.O. Box 1450  
Washington, DC 22313-1450

Sir:

Applicant submits FIGS. 1-3 and 4a-4b herewith to comply with 37 C.F.R. § 1.84.

Approval of the drawings is respectfully requested.


No fees are believed to be due at this time. Should any fee be required, however, please charge such fee to Bingham McCutchen LLP Deposit Account No. 50-4047, Order No. 20002.0327.

Respectfully submitted,

BINGHAM MCCUTCHEN LLP

Dated: September 4, 2007

By:

  
Stephanie D. Scruggs, Reg. No. 54,432  
BINGHAM MCCUTCHEN LLP  
2020 K Street, NW  
Washington, D.C. 20006  
(202) 373-6000 Telephone  
(202) 373-6001 Facsimile

Enclosures